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Occupational Therapy in an Outpatient Multidisciplinary Intensive Feeding Therapy Program: Food Protein Induced Enterocolitis Kristel Ferrer, OTDS A.T. Still University, ASHS, Department of Occupational Therapy

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Background

- Food protein induced enterocolitis (FPIES), is a rare non-IgE-mediated food allergy affecting 0.28% of infants and children in the United States. Up to 40% of children with IgE, mixed, and non-IgE
- food allergies have feeding difficulties.
- Multidisciplinary intensive feeding therapy programs have been effective in successfully decreasing a variety of feeding difficulties for children.
- Limited evidence showcasing the effectiveness and importance of occupational therapy interventions in treating and managing feeding difficulties for children with FPIES.
- The purpose of this case report is to establish the importance of occupational therapy in an outpatient multidisciplinary intensive feeding therapy program and describe occupational therapy-based interventions to treat and manage feeding difficulties and poor sensory processing for a child with FPIES.

Case Description

- T.S. is a 2-year 9-month-old child who was referred to a multidisciplinary intensive feeding therapy program due to feeding disturbances based on the child's diagnosis of FPIES and restricted food repertoire affecting her feeding development and oral motor skills.
- Recommended intensive feeding therapy with an emphasis on occupational therapy-based feeding therapy due to limited volume of foods consumed, delayed oral motor skills and coordination for eating, poor endurance for self-feeding secondary to low muscle tone, sensory processing difficulties, and overall delayed development.

Interventions and Results



 Improved sensory processing, postural control, praxis, and body awareness. Decreased tactile defensiveness; however, requires continued support.

 Improved upright sitting posture as evidenced by not leaning on mother or table.

 Improvement in gross motor, fine motor, and self-feeding skills with use of modeling and verbal prompts; however, requires continued skill growth.

 Emerging rotary chewing patterns, increased tongue lateralization, and reduction in food pocketing and overstuffing.

 Increased repertoire and variety of food with adherence to food allergens.

Showcases the significance of occupational therapy in a multidisciplinary intensive feeding therapy program and the interventions used to contribute to the child's progress in occupational performance and participation.

Implications for Occupational Therapy

- program.
- overall development.
- skills.

• References available upon request.

Discussion

Demonstrates the effectiveness of occupational therapy-based interventions to treat and manage a child with FPIES with a variety of feeding difficulties and poor sensory modulation with interventions focusing on postural control, praxis, self-feeding skills, oral motor skills, and sensory processing.

Occupational therapists have the education, knowledge, and skill to be essential team members of a multidisciplinary intensive feeding therapy

Occupational therapy-based interventions help address and progress a child's feeding skills and

Further research with a larger population and longitudinal studies is required to determine the effectiveness of occupational therapy interventions. Development of a standardized assessment to objectively measure feeding and eating skills based on posture, oral motor, oral sensory, and self-feeding

References